PATEUT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number OQ 1/1555												
	CLAIMS	S FILED			lumn 2)		SMALL TYPE	ENTITY.	OR	•	R THAN ENTITY	
TOTAL CLAIMS						1	RATE FEE		7	RATE	FEE	1.
FOR		NUMBER FILED		NUMBER EXTRA		1	BASIC FE	385.00	OR	BASIC FEE	770.00	1
TOTAL CHARG	EABLE CLAIMS	50 m	ninus 20=	.0		ŀ	X\$ 9=		OR	X\$18=		1
INDEPENDENT	CLAIMS	7:	ninus 3 =	0			X43=	†·	OR	Yac	· .	1
MULTIPLE DEPI					+145=	1.	1			1		
If the difference	ce in column 1 is	less than	zero, enter	-0- in	column 2		TOTAL	-	OR	L		┨
	CLAIMS AS	AMENDE	. : D - PAR1	T (I			TOTAL		Jon	OTHER	THAN	1
	(Column 1)	—	(Colum	າດ 2)	(Column 3)	•	SMALL	ENTITY	OR	SMALL		
EN P	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total 47	4. <i>55</i>	Minus	50 5	9	=		X\$ 9=		OR	X\$18=		
Independent	\$ 3	Minus	7-7	3	T•		X43=	1:	OR	X86=		
FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=			+290=		
		. •		•		L	TOTAL		OR	TOTAL	•	
C	(Column 1)	3 . · · · · .	Colum	n ở)	(Column 3)	Ą	DDIT. FEE		JOR ,	ADDIT. FEE	<u> </u>	1
	CLAIMS REMAINING - AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOL PAID F	ST ER JSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. [RATE	ADDI- TIONAL FEE	
Total Independent	• 50	Minus	- 5	0	E		X\$ 9=		OR	X\$18=		.: .
Independent	1.8	Minus	- 2		= / .		X43=	•	OR	X86=	86	Ö
1 PRESI	ENTATION OF MU	LIPLE DE	PENDENT (AIM			+145=		OR	+290=	ı	
			Y		-	L	TOTAL DOIT, FEE			TOTAL ODIT, FEE	• ·	
+	(Column 1)		(Column	1.2)	(Column 3)	~1	ا عبد ا	· . · .				1
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ir . Isly	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
Total	. 54	Minus	<u>~</u> 50	2	= 4		X\$ 9=		OR	X\$18=	72.0	þ
Independent		Minus .	7		= 2	-	X43=		-	X86=	120	b
FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		+			OR		112	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3,							145=	<u> </u>	OR	+290=	·	
If the "Highest Nu "If the "Highest Nu	mm 1 is less than the imber Previously Pai imber Previously Paid inber Previously Paid	d For IN THIS d For IN THU	SPACE is to SSPACE is to	ess than	20, enter "20."	~	TOTAL DIT. FEE	······································		TOTAL DOIT, FEE mn 1.		

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PATENT APPLICATION FEE DETERMINATION RECORI									Application of Docket Number						
Effective October 1, 2000 09 7 (PS\$ 6											_				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			THAN ENTITY			
TC	TAL CLAIMS							RATE	FEE		HATE	FEE			
FOR			NUMBER FILED NUM			ER EXTRA		BASIC FEE 355.00		OR	BASIC FEE	710.00			
то	TAL CHARGEA	BLE CLAIMS	50 min	us 20=	•	48/2		X\$ 9=		OR	X\$18=	36			
IND	EPENDENT CL	AIMS	/ minus 3 = / / /			6/1	. [X40=		OR	X80=	86			
MULTIPLE DEPENDENT CLAIM PRESENT							ľ	+135=		1	+270=				
-* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL				
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	JOA	OTHER	THAM			
(Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL	- 11			
AMENDMENT A	K	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
NDN	Total		Minus	5	0	=		X\$ 9=		OR	X\$18=				
AME	Independent	· A	Minus	*** _	<u> </u>	=		X40=		OR	X80=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+270=				
						•	L	TOTAL	B		TOTAL ADDIT. FEE				
		(Column 1)		(Colui		(Column 3)	, ^	DDIT. FCE	<u></u>	. ע	ADDII. FECI				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
AMENDMENT	Total	263	Minus	5	5 0	= /		X\$ 9=	1	OR	X\$18=				
AME	Independent	・ / ユ NTATION OF MI	Minus	***	2	= /	_	X40=		OR	X80=				
<u> </u>	THOTFILDE	NIATION OF MI	DETIFIE DEF	ENDEN	CLAIM			+135=		OR	+270=				
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE				
	176400-1748s	(Column 1)	F6-28-36-5	(Colui		(Column 3)) _F =			1					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
NDI	Total	· 48	Minus	S	5 0	=		X\$ 9=		OR	X\$18=	/			
AME	Independent	NTATION OF MI	Minus	ENDEN	CLAIM	= /		X40=		OR	X80=	-/-			
<u> </u>		Allon or Mi	Jenrie Der	CIADEIA	CLAIM	اا		+135=		OR	+270=				
	f the entry in colu If the "Highest Nu	nn 1 is less than the	ne entry in colu	mn 2, write S SPACE i	"0" in col	umn 3. n 20. enter "20."	. L	TOTAL		C D	TOTAL				
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

FORM PTO-875 (Rev. 8/00)

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